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	295006	A. BUILDING _____ B. WING _____	09/18/2009

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LAS VEGAS HEALTHCARE AND REHAB CENTER	2832 S. MARYLAND PARKWAY LAS VEGAS, NV 89109

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F 000	INITIAL COMMENTS Surveyor: 13766 This Statement of Deficiencies was generated as a result of the annual Medicare re-certification survey conducted at your facility on 9/15/09 through 9/18/09. The census at the time of the survey was 73. The sample size was 15. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified:	F 000		
F 155 SS=D	483.10(b)(4) NOTICE OF RIGHTS AND SERVICES The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section. This REQUIREMENT is not met as evidenced by: Surveyor: 26907 Based on interview, record review, and policy review, the facility failed to ensure an advance directive was formulated for 2 of 15 residents (Resident #1 and #8). Findings include: Resident # 1	F 155		11/3/09

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 155	Continued From page 1 Resident #1 was a 73 year old male originally admitted to the facility on 3/9/06, and readmitted on 8/31/07, with diagnoses including Peripheral Vascular Disease, Bilateral Above Knee Amputations, Diabetes and Coronary Artery Disease. Review of the medical record revealed Resident #1 had been on Solari Hospice from 8/21/08 through 9/9/09, at which time he was discharged from the Hospice due to extended prognosis. The Condition Alert Form on the medical record indicated, "Hospice Care" and Code Status "DNR" (Do Not Resuscitate). The code status forms in the medical record dated 9/11/07 and 2/12/09, signed by Resident # 1 indicated, "Yes. I Do Want Resuscitation." Resident # 1's care plan did not address the resident's code status. On 9/17/09, in the afternoon, the Director of Nurses (DON) indicated the resident's correct code status was to resuscitate the resident in an emergency. She indicated the Condition Alert Form, which documented Resident #1 was a DNR, was a mistake. When asked by the surveyor how would the nurses know which form was correct and which emergency measures to take, the DON responded they would disregard the "DNR" form. The DON and the Social Worker (SW) revealed neither of them had discussed Resident #1's code status with him after he was discharged from Hospice.	F 155		

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F 155	Continued From page 2 Surveyor: 12211 Resident #8 Resident #8 was a 45 year old male originally admitted 4/10/09, and readmitted 6/12/09, with diagnoses including Encephalopathy, Drug abuse Not Elsewhere Classified in Remission, Bacteremia, Infection Microorganism Resistant Penicillins, Pneumococcus Infection, Urinary Tract Infection, Intestinal Infection E Coli (Escherichia Coli), Persistent Vegetative State, History of Venous Thrombosis/Embolism, Dysphagia, Attention to Gastrostomy, Fitting Urinary Devices, Failure to Thrive - Adult, Protein - Caloric Malnutrition, and Hyperlipidemia. The Advance Directive included in the file (undated) completed by Resident #8's mother marked, "Other. I would like all emergency acts performed such as medication, ambulance to other hospital if need be, or CPR (Cardiopulmonary Resuscitation). However, no severe chest compressions such as might break bones or etc (et cetera)." The Advance Directive included in the file had a check mark next to the sentence, "Yes I do want resuscitation," and handwritten note stating, "Full code, res (resident) is unable to sign. Mailed to his mother on 6-15-09 to sign." (Note: The date indicated on the note was 6/15/09). The Advance Directive included in the file was signed and dated by Resident #8's mother on 6/20/09 and indicated, "Yes, I do want resuscitation. Basic CPR, oxygen, transport to nearest hospital but no harsh beating of the chest where bones may be broken."	F 155		

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F 155	Continued From page 3 The Advance Directive included in the file with New Hope Hospice's letterhead (not signed nor dated) indicated, "I, (Resident #8)/(Name of Resident #8's mother), have requested in the event of a cardiac or respiratory arrest, no cardiopulmonary resuscitation be undertaken. I consent only to palliative care to maintain comfort." Further handwritten note indicated, "6/19/09 phone consent 3:15 PM." Interview on 9/17/09 in the afternoon, the Social Worker (Employee #3) indicated that after Resident #8 was approved for hospice services, the nurse from New Hope Hospice should have had new paperwork filled out and signed by the resident's mother. The Social Worker indicated she was not sure what the response to the need for resuscitation was requested by the resident's mother. There was no documented evidence contained in the Social Worker's Progress Notes or in the hospice section of the resident's file indicating a clarification of the resident's mother's different requests regarding resuscitation.	F 155		
F 166 SS=D	483.10(f)(2) GRIEVANCES A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents. This REQUIREMENT is not met as evidenced by: Surveyor: 26907 Based on observation and interview, the facility failed to follow up and resolve grievances for 1 unsampled resident (#16).	F 166		11/3/09

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F 166	Continued From page 4 Findings include: Resident # 16 Resident #16 was a 40 year old female admitted to the facility on 6/2/09, with diagnoses including backache, abdominal pain, hypertension, convulsions, depressive disorder, and lack of coordination. On 9/16/09, during the group meeting, Resident #16 revealed she had filed a grievance with the Social Worker (SW) regarding the inappropriate treatment she was receiving from staff members, especially Employee # 4. Resident #16 revealed staff were making rude remarks and gestures regarding her relationship with another resident of the facility, Resident #17. Resident #16 added she was very hurt and humiliated by the remarks and wanted the issue to be addressed. Resident # 16 became very tearful while describing the incidents, as did Resident #17, who was also present at the group meeting. Resident #16 added she did not feel the issues were addressed and followed up, or resolved. On 9/18/09 at 3:00 PM, the SW revealed Resident #16 had made several complaints to her regarding the treatment she was receiving from staff members. The SW indicated Resident #16 complained that Employee #4 was making gestures to her that Resident #16 found offensive. The SW demonstrated the gesture which was rubbing the thumb and first and second finger, commonly representative of a sign	F 166		

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F 166	Continued From page 5 of money. The SW revealed she notified the Administrator regarding the complaint and the SW talked to Employee #4. The SW indicated she also talked to other staff who Resident #16 had indicated made rude comments. The SW revealed she did not write down the complaint as a grievance since she talked to the staff members involved and believed the issue was resolved. The facility policy titled, Grievances, dated 11/18/05 revealed: "Documentation Guidelines 1. Document on the Grievance/Complaint Report form the date, resident/family name and issue or concern. 2. Log the complaint/concern on the complaint or grievance log. 3. Document in the resident's medical record if appropriate and on the Grievance/Complaint Report form the notification of resident or family member/responsible party of the resolution of the grievance/concern...." Cross reference with TAG 250	F 166		
F 167 SS=C	483.10(g)(1) EXAMINATION OF SURVEY RESULTS A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility. The facility must make the results available for	F 167		11/3/09

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F 167	Continued From page 6 examination and must post in a place readily accessible to residents and must post a notice of their availability. This REQUIREMENT is not met as evidenced by: Surveyor: 13766 Based on observation and interview, the facility failed to ensure residents were aware of the location and the availability of the most recent survey conducted by Federal or State Surveyors. Findings include: Resident #10 Resident #10 was a 55 year old male admitted to the facility on 5/6/09, with diagnoses to include Prostate Cancer with resection, Cervical Neuropathy, Cervical Spondylosis with Myelopathy and Hemiplegia due to a motor vehicle accident. During an interview with Resident #10 on 9/16/09, he voiced several complaints and inquired what was being done with these complaints. Resident #10 was asked if he knew that he could read a copy of the facility's Statement of Deficiencies and their Plan of Correction. The resident was unaware of where this information was located. Group Interview During the group interview on 9/16/09, 11 of 11 residents did not know where the survey results were located.	F 167		

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F 172 SS=C	483.10(j)(1)&(2) ACCESS AND VISITATION RIGHTS The resident has the right and the facility must provide immediate access to any resident by the following: Any representative of the Secretary; Any representative of the State; The resident's individual physician; The State long term care ombudsman (established under section 307 (a)(12) of the Older Americans Act of 1965); The agency responsible for the protection and advocacy system for developmentally disabled individuals (established under part C of the Developmental Disabilities Assistance and Bill of Rights Act); The agency responsible for the protection and advocacy system for mentally ill individuals (established under the Protection and Advocacy for Mentally Ill Individuals Act); Subject to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident; and Subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, others who are visiting with the consent of the resident. The facility must provide reasonable access to any resident by any entity or individual that provides health, social, legal, or other services to	F 172		11/3/09

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F 172	Continued From page 8 the resident, subject to the resident's right to deny or withdraw consent at any time. This REQUIREMENT is not met as evidenced by: Surveyor: 13766 Based on observation and interviews, the facility failed to ensure residents who had immediate family that wished to see residents after 8:00 PM were allowed visitation rights. Findings include: A sign located in the lobby of the facility indicated, visiting hours were until 8:00 PM. During the group meeting on 9/16/09 at 10:00 AM, 10 of 11 residents present indicated they could not visit with relatives or close friends after 8:00 PM. Some residents indicated they had family that worked odd shifts and they would like to make arrangements to visit with them after 8:00 PM. The Administrator indicated on 9/17/09, that he had to restrict the visiting hours because the facility was located in a high crime area.	F 172		
F 226 SS=D	483.13(c) STAFF TREATMENT OF RESIDENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Surveyor: 12211	F 226		11/3/09

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F 226	Continued From page 9 Based on interview, record review, and policy review, the facility failed to develop and implement a policy which prohibits mistreatment, neglect, and abuse. Findings include: The facility's policy and procedure regarding abuse (dated 4/28/09) states as follows: "...8. The center implements procedures that include: Screening, Training, Prevention, Identification, Investigation, Protection, and Reporting/Response. 9. Investigations into the past histories of a potential employee include: a. Inquiry of the state nurse aide registry or licensing authority; b. Inquiry of previous and/or current employers; and c. Reasonable efforts to uncover information about any past criminal prosecutions...COMPLIANCE GUIDELINES:...6. Each applicant applying for employment provides employment references and authorization to check those references at the time application is made. a. Reference checks may be conducted by telephone or written correspondence. b. Employment is conditional upon successful completion of the reference checks..." Employee #4 was employed as an Occupational Therapist 4/18/06. There was no documented evidence that reference checks were completed for Employee #4. There were 2 sheets included in Employee #4's file with the title, "Reference Checks," which were not filled out. Employee #14 was employed as a Laundry Worker 10/2/01. There was no documented evidence that reference checks were completed	F 226		

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F 226	Continued From page 10 for Employee #14. Surveyor: 13766 On 9/18/09 in the afternoon, the Administrator indicated both Physical Therapy and the Laundry workers were contracted services and both services did not require reference checks for their employees. Note: Both the Laundry workers and the Physical Therapy employees have access to resident rooms. The Therapy Department employees have direct care with residents.	F 226		
F 241 SS=E	483.15(a) DIGNITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Surveyor: 13766 Based on interviews, the facility failed to promote care in a manner and in an environment that maintains or enhances each resident's dignity and respect for Residents #10, #13, #16, #17, and group interviewed Residents. Findings include: Resident #10 Resident #10 was a 55 year old male admitted to the facility on 5/6/09, with diagnoses to include Prostate Cancer with resection, Cervical Neuropathy, Cervical Spondylosis with	F 241		11/3/09

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F 241	Continued From page 11 Myelopathy and Hemiplegia due to a motor vehicle accident. 1. On 6/16/09 at 9:00 AM, Resident #10 indicated he would not let the facility wash his clothing any longer because they kept losing his clothing. Resident #10 indicated he had a brand new pair of pants that was sent to the laundry. He indicated the pants were given to his roommate, although he attempted to tell staff they were not his roommate's pants. Resident #10 indicated he told several staff members and staff ignored him. Resident #10 indicated after his roommate worn the pants for several days a staff member realizing they were Resident #10's pants and attempted to give them back to Resident #10. Resident #10 refused the returned pants and indicated he was not going to wear clothing that someone else had been wearing. 2. On 9/16/09, Resident #10 indicated he had had some teeth extracted a few weeks prior. He further indicated he had asked the Dietary Manager to leave him some sherbet in the kitchen for the weekend because his gums were hurting and was unable to chew. The resident indicated the Dietary Manager left Resident #10, six cups of sherbet in the nourishment room with Resident #10's name on the cups. Resident #10 was given 1 cup of sherbet and was told the other 5 cups were given to other residents. He indicated no staff member attempted to give him Herbert or ice cream until the Dietary Manager came back to work. On 9/17/09 in the afternoon, the Dietary Manager indicated she did leave 6 cups of sherbet in the nourishment room for Resident #10 with his name on each cup for the weekend.	F 241		

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3. Resident #10 indicated on 9/16/09 in the morning, he heard staff members speak in a foreign language in the hall. He indicated they yell down the hall to each other at times. He indicated he sometimes felt that they were talking bad about him because he did not understand what they were saying.

On 9/16/09 in the morning, while interviewing Resident #10, two housekeepers were overheard speaking a foreign language near Resident #10's room.

Group Meeting

a. All the residents present at the group meeting complained staff speak in foreign languages while they are assisting the resident with activities of daily living.

b. During the group meeting held on 9/16/09 at 10:00 AM, 8 of the 11 residents present indicated they have had laundry missing and were never returned. Three residents indicated they saw their clothing on other residents.

The Administrator indicated on 9/17/09, that unclaimed clothing is sometimes given to residents who are admitted to the facility with no clothing.

c. All the residents present at the group meeting indicated, laundry staff go into their closets without permission and remove hangers. The residents indicated their families buy the hangers for personal use and do not want them removed. The residents indicated there were two men who

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F 241	Continued From page 13 continually went into their closets and never returned their hangers. On 9/17/09 in the morning, an interview with the Director of the Contracted Laundry Company used by the facility indicated there are two laundry personnel who do remove hangers from residents closets to hang up their clothing. He indicated he had no idea they were removing hangers without permission. d. Eight of 11 residents complained that when the staff came in to assist them with morning care, staff change the television channels without permission. Residents #16 and #17 On 9/16/09 at 10:00 AM, during the group meeting two unsampled residents (#16 and #17) expressed concerns about a relationship they were having since both were admitted to the facility. Resident #16 indicated she overheard several of the Certified Nursing Assistants (CNA) making fun of her relationship with the male resident. Both Resident #17 and #16 were crying while discussing the incident that occurred when the CNAs were making jokes about the resident's relationship. On 9/16/09, Resident #16 indicated to the Administrator that Employee #4 told her she just wanted Resident #17 for his money and made a hand gesture to indicate "Money". She indicated she filed a grievance with the Social Worker. Surveyor: 26907 Resident #13	F 241		

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F 241	Continued From page 14 Resident #13 was a 61 year old male admitted to the facility on 7/16/09, with diagnoses including bacteremia, chronic renal failure, dialysis, hypertension, peripheral artery disease and diabetes. a) Observation on 9/17/09 in the afternoon, a nurse administering medications via Resident #13's Gastrostomy tube (G-tube). The nurse pulled the curtain so Resident #13 was not visible from the hallway. The nurse partially pulled the curtain that separated the A & B beds within the room. Resident #13's roommate was sitting in the wheelchair at the foot of his bed and could see Resident #13. The nurse pulled down Resident #13's sheet exposing his abdomen and G-Tube. The nurse began administering the medications. While the nurse was administering the medications, Resident #13's roommate asked the surveyor to please pull the curtain so Resident #13 would not be visible to him. The surveyor held the curtain closed until Resident #13's G-tube medications were administered. b) On 9/18/09 during the family interview, Resident #13's POA (Power of Attorney) indicated Resident #13 was not groomed properly. He indicated Resident #13's nails were very long and dirty. The POA revealed he had asked staff on several occasions to trim Resident #13's nails and that had not been done. On 9/18/09 in the afternoon, Resident #13's nails were observed to be very long with dirt	F 241		

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F 241	Continued From page 15 underneath the nails.	F 241		
F 246 SS=E	483.15(e)(1) ACCOMMODATION OF NEEDS A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by: Surveyor: 13766 Based on observation and interviews, the facility failed to ensure the residents had an area where they could go outdoors to accommodate the non-smokers and residents on oxygen therapy. Findings include: During the group meeting on 9/16/09, 11 of 11 residents present complained that the patio outside the dining room was not accessible to them. Several residents present at the meeting were non-smokers. Three residents used oxygen. The residents indicated they wanted to go somewhere outdoors that was smoke-free. The residents who were oxygen dependent were afraid to be near smokers. Observation of the patio located outside of the dining room on 9/16/09, revealed the area was cluttered with rehabilitation equipment. On 9/16/09, the Administrator indicated he was aware the area needed to be cleaned up for resident use who are non-smokers and oxygen	F 246		11/3/09

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F 246	Continued From page 16 dependent.	F 246		
F 250 SS=D	483.15(g)(1) SOCIAL SERVICES The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Surveyor: 26907 Based on observation, interview and record review, the facility failed to ensure appropriate medically related social services to maintain physical and psychological well being for 1 of 15 sampled residents (#1) and 1 unsampled resident (#16). Findings include: Resident #1 Resident #1 was a 73 year old male originally admitted to the facility on 3/9/06, and readmitted on 8/31/07, with diagnoses including Peripheral Vascular Disease, Bilateral Above Knee Amputations, Diabetes and Coronary Artery Disease. Review of the medical record revealed Resident #1 had been on Solari Hospice from 8/21/08 through 9/9/09, at which time he was discharged from the Hospice due to extended prognosis. The Condition Alert Form on the medical record indicated, "Hospice Care" and Code Status	F 250		11/3/09

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"DNR" (Do Not Resuscitate).

The code status forms in the medical record dated 9/11/07 and 2/12/09, signed by Resident # 1 indicated, "Yes. I Do Want Resuscitation."

Resident # 1's care plan did not address the resident's code status.

On 9/17/09, in the afternoon, the Director of Nurses (DON) indicated the resident's correct code status was to resuscitate the resident in an emergency. She indicated the Condition Alert Form, which documented Resident #1 was a DNR, was a mistake. When asked by the surveyor how would the nurses know which form was correct and which emergency measures to take, the DON responded they would disregard the "DNR" form.

The DON and the Social Worker (SW) revealed neither of them had discussed Resident #1's code status with him after he was discharged from Hospice.

Resident #16

Resident #16 was a 40 year old female admitted to the facility on 6/2/09, with diagnoses including Backache, Abdominal pain, Hypertension, Convulsions, Depressive Disorder, and lack of coordination.

On 9/16/09 during the group meeting, Resident #16 revealed she had filed a grievance with the Social Worker (SW) regarding the inappropriate treatment she was receiving from staff members, especially Employee #4. Resident #16 revealed

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staff were making rude remarks and gestures regarding her relationship with another resident of the facility, Resident #17.

Resident #16 added she was very hurt and humiliated by the remarks and wanted the issue to be addressed. Resident #16 became very tearful while describing the incidents, as did Resident #17, who was also present at the group meeting.

Resident #16 added she did not feel the issues were addressed and followed up.

On 9/18/09 at 3:00 PM, the SW revealed Resident #16 had made several complaints to her regarding the treatment she was receiving from staff members. The SW indicated Resident #16 complained that Employee #4 was making gestures to her that Resident #16 found offensive. The SW demonstrated the gesture which was rubbing the thumb and first and second finger together, commonly representative of a sign of money.

The SW indicated she notified the Administrator regarding the complaint and the SW talked to Employee #4.

The SW indicated she also talked to other staff who Resident #16 had indicated made rude comments.

The SW did not write down the complaint as a grievance since she talked to the staff members involved and believed the issue was resolved.

The facility policy titled, Grievance, dated 11/18/05 revealed the following:

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F 250	Continued From page 19 Primary Responsibility Social Service Director/Designee " Record the date, resident/family name, and issues or concern on the center grievance log." " Notify the resident to family member/responsible party of the resolution. Respond to the resident and family member/responsible party within three days, even if the issue is not completely resolved, " Record the date resolved on the center Grievance Performance Improvement Log." Cross reference to TAG 166	F 250		
F 252 SS=E	483.15(h)(1) ENVIRONMENT The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. This REQUIREMENT is not met as evidenced by: Surveyor: 12211 Based on observation and interview, the facility failed to ensure the environment was safe, clean comfortable, and homelike. Findings include: 1. On 9/15/09, 9/16/09, 9/17/09, and 9/18/09, there were foul urine and fecal odors present at the front lobby and throughout the 100 Hall. 2. On 9/15/09 upon entry to the facility at 8:00 AM until approximately 12:00 PM, the handicapped access buttons for the exterior and interior of the front entrance door did not activate the opening of	F 252		11/3/09

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F 252	Continued From page 20 the door. On 9/17/09 upon entry to the facility at 8:00 AM until approximately 10:30 AM, the handicapped access buttons for the exterior and interior of the front entrance door did not activate the opening of the door. Interview with the Administrator on the morning of 9/15/09, it was verified that the access buttons for the front entrance door have been broken and disabled on a regular basis several times throughout each month.	F 252		
F 279 SS=D	483.20(d), 483.20(k)(1) COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Surveyor: 26907	F 279		11/3/09

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F 279	Continued From page 21 Based on observation, interview and record review, the facility failed to ensure an accurate care plan was implemented and followed to meet the resident's medical, nursing, mental and psychosocial needs for 1 of 15 sampled residents (#1) and 1 unsampled resident (#18). Findings include: Resident #1 Resident #1 was a 73 year old male originally admitted to the facility on 3/9/06, and readmitted on 8/31/07, with diagnoses including Peripheral Vascular disease, Bilateral Above Knee Amputations, Diabetes and Coronary Artery Disease. Review of the medical record revealed Resident #1 had been on Solari Hospice from 8/21/08 through 9/9/09, at which time he was discharged from the Hospice due to extended prognosis. The Condition Alert Form on the medical record indicated, "Hospice Care" and Code Status "DNR" (Do Not Resuscitate). The code status forms in the medical record dated 9/11/07 and 2/12/09, signed by Resident # 1 indicated, "Yes. I Do Want Resuscitation." Resident # 1's care plan did not address the resident's code status. Resident #18 Resident #18 was an 81 year old female admitted	F 279		

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F 279	Continued From page 22 to the facility on 9/6/09, with diagnoses including back pain, diabetes, coronary artery disease, fall, and acute fracture. Review of Resident #18's medical record following medication pass, revealed Resident #18 had orders for stool for C-diff (Clostridium Difficile) x2. Resident #18's care plan dated 9/11/09 indicated, "...Contact precautions." On 9/16/09 at 8:00 AM, during the medication pass, and throughout the survey, there was no indication Resident #18 was maintained on Contact Precautions. There was no documented evidence in the nurse's notes that Resident #18 was maintained on Contact Precautions. There was no physician order to discontinue the Contact Precautions.	F 279		
F 318 SS=D	483.25(e)(2) RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. This REQUIREMENT is not met as evidenced by: Surveyor: 12211 Based on observation, interview, and record review, the facility failed to provide treatment and services for 2 residents with contractures	F 318		11/3/09

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F 318	Continued From page 23 (Resident #8 and #10). Findings include: Resident #8 Resident #8 was a 45 year old male originally admitted 4/10/09, and readmitted 6/12/09, with diagnoses including Encephalopathy, Drug abuse Not Elsewhere Classified in Remission, Bacteremia, Infection Microorganism Resistant Penicillins, Pneumococcus Infection, Urinary Tract Infection, Intestinal Infection E Coli (Escherichia Coli), Persistent Vegetative State, History of Venous Thrombosis/Embolism, Dysphagia, Attention to Gastrostomy, Fitting Urinary Devices, Failure to Thrive - Adult, Protein - Caloric Malnutrition, and Hyperlipidemia. On 9/15/09, 9/16/09, 9/17/09, and 9/18/09, Resident #8 was observed with bilateral contractures of the hands. All fingers were severely contracted, and the thumbs were pressing against the fingers. On 9/18/09 at 3:30 PM, while Employee #21 attempted to perform passive range of motion and determine whether the pressure of the fingers and thumbs were resulting in skin deterioration, Resident #8 responded in apparent pain. Upon interview regarding whether the resident was evaluated for Physical Therapy services, Employee #21 indicated there was only an initial evaluation by the Physical Therapy Department 6/13/09. Employee #21 further indicated there was no intervention other than passive range of motion for the contractures due to lack of further assessment by the Physical Therapy Department and due to the fact that the resident was receiving hospice services.	F 318		

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F 318	Continued From page 24 Based on interview with the Physical Therapy Supervisor (Employee #22) at approximately 4:00 PM on 9/18/09, Employee #22 indicated that the reason there was no further assessment or action regarding Resident #8's contractures was because Resident #8 was on hospice. The Rehab (Rehabilitation) Services Functional Screening Tool dated 6/13/09 stated: "Reason for Screen: Admission". The Range of Motion limitations indicated only moderate and severe range of motion limitations on the bilateral lower extremities, and did not indicate any range of motion limitations on the upper extremities. There was no documented evidence of a plan in place to prevent further development of the contractures and to ensure that Resident #8's fingernails were not pressed against the hands. Surveyor: 13766 Resident #10 Resident #10 was a 55 year old male admitted to the facility on 5/6/09, with diagnoses to include Prostate Cancer with resection, Cervical Neuropathy, Cervical Spondylosis with Myelopathy and Hemiplegia due to a motor vehicle accident. On 9/16/09 in the morning, Resident #10 was observed moving the fingers of his right hand back and forth and up and down (affected side with hemiparesis). The resident indicated he was doing this because his hand had previously had a spastically opened hand due to his condition. Resident #10 indicated his right hand was starting to contract and he wanted to strengthen it.	F 318		

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F 318	Continued From page 25 Resident #10 indicated he could use a soft exercise ball to strengthen his hand. On 9/16/09, the Director of therapy indicated he had thought that Resident #10 had an exercise ball and he would look into getting him another one.	F 318		
F 442 SS=D	483.65(b)(1) PREVENTING SPREAD OF INFECTION When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. This REQUIREMENT is not met as evidenced by: Surveyor: 26907 Based on observation, interview and record review, the facility failed to ensure a resident was maintained in isolation to prevent the spread of infection (Unsampled Resident #18). Findings include: Resident #18 was an 81 year old female admitted to the facility on 9/6/09, with diagnoses including back pain, Diabetes, Coronary Artery Disease, fall, and acute fracture. Review of Resident #18's medical record following medication pass, revealed Resident #18 had orders for stool for C-diff (Clostridium Difficile) x2. Resident #18's care plan dated 9/11/09 indicated, "...Contact precautions." On 9/16/09 at 8:00 AM, during the medication	F 442		11/3/09

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F 442	Continued From page 26 pass, and throughout the survey, there was no indication Resident #18 was maintained on Contact Precautions. There was no documented evidence in the nurse's notes that Resident #18 was maintained on Contact Precautions. There was no physician order to discontinue the Contact Precautions. On 9/17/09 in the afternoon, the Director of Nurses (DON) indicated Contact Precautions were initiated when a resident was suspected of having C-Diff, not when the results of the specimen were received. The DON added she was not sure if Resident #18 was on Contact Precaution but they have been discontinued. The facility policy titled, Isolation Precautions, dated 10/31/06 revealed: -"...Maintain isolation precautions until discontinued by the attending physician." - "Documentation Guidelines 1. Document in the medical record and update care plan as needed for: - a. Reason for isolation; - b. Type of isolation; 1) Contact 2) Droplet 3. Airborne - c. Duration of isolation; - d. Physician's orders; - e. Notification of family/responsible party; and - f. Discontinuation of isolation..."	F 442		